DOCUMENT RESUME

ED 248 795 HE 017 660

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TITLE Leadership and Management Competencies Needed by Neophyte Nurses.
PUB DATE [84]
NOTE 40p.; For related document, see HE 017 661.
PUB TYPE Reports - Research/Technical (143) -- Tests/Evaluation Instruments (160)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Administrator Responsibility; Administrators; College Faculty; College Graduates; *Education Work Relationship; Higher Education; Hospital Personnel; *Leadership Qualities; *Management Development; *Nurses; Participant Satisfaction; Questionnaires; *Skill Development
IDENTIFIERS North Carolina

ABSTRACT

The management and leadership competencies that neophyte nurses need for nursing jobs were studied. Additional objectives were: to determine whether nurse educators, nursing service administrators, and neophyte nurses agreed on the leadership competencies; to determine neophyte nurses' perceptions concerning the adequacy of their schooling in developing leadership management skills; and to determine if neophyte nurses perceived that their employing institutions adequately assisted them in acquiring and/or developing the leadership/management skills required. The sample consisted of 105 recent, baccalaureate-level nursing graduates; 75 baccalaureate nurse educators; and 49 hospital nursing administrators, all from the state of North Carolina. The study questionnaire focused on 84 competencies in the areas of planning, organizing, staffing, directing, and controlling. Relatively high agreement among the three groups of nursing personnel was found concerning the importance of the 84 competencies. Approximately 65 percent of the neophyte nurses rated basic preparation as adequate, while about 62 percent rated employer assistance as adequate. Responses indicated that more emphasis on planning competencies was needed. Questionnaire items and response data are included. (SW)

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LEADERSHIP AND MANAGEMENT COMPETENCIES NEEDED BY NEOPHYTE NURSES

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HE 017 660

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LEADERSHIP AND MANAGEMENT COMPETENCIES
NEEDED BY NEOPHYTE NURSES

This study had its inception in two major areas. From the realm of experience, the question was raised: What management and leadership competencies should the neophyte nurse possess, and how important are these competencies? From the area of professional literature came evidence of conflict between role expectations of how the neophyte nurse should perform on the job with respect to management and leadership competencies, and conceptions of the scope and arenas of preparation for the position of staff nurse. The overall purpose of this study was to identify the management and leadership competencies that neophyte nurses need to function effectively in contemporary job settings and to inquire as to the extent of agreement or disagreement among three separate but related and relevant populations--neophyte nurses, nursing educators, and nursing administrators.

The Nursing Role and Role Conflict

According to professional literature, a staff nurse, regardless of tenure, is expected to demonstrate managerial capabilities and provide leadership. Stevens (1978) stated that professional nurses by virtue of being licensed are expected to supervise the work of other members of the health care system, and Ganong and Ganong (1978) declared that these health professionals have always had managerial and leadership responsibilities. Lysaught (1975) and Stevens (1975) have pointed out that less than one half of the time of staff nurses is devoted to the delivery of direct patient care; the remainder is given to managerial duties.

Bates (1968) has argued strongly that career planning and preparation should attend to role analysis and expectations, but the literature on the expected and actual roles of nursing point out discrepancies, which have in turn, led to role conflict. Reismann and Rohrer (1957) found discrepancies between what professional graduates verbalized as their roles and functions, and what the observations of their duties actually revealed. Nurses described their functions as those for which the educational program had prepared them--to give direct patient care--while, in fact, they were expected to perform in managerial roles. Smith (1964), studying the discrepancy in value climate confronting student nurses in collegiate nursing programs, analyzed the differences between head nurses and teachers in conceptions of valued nurse behaviors. It was concluded that the nurse is taught to practice according to the teacher's dominant orientation to the field; yet as he or she performs in the nursing unit, the head nurse is upholding a different set of expectations--those oriented to administrative principles. It was found that the task orientation of administration in health care organizations produced role deprivation and role conflict in the professional aspirant.

Ninety nurses working in outpatient departments of seven hospitals in the Boston area were studied by Benne and Bennis (1959), who found differing reward systems between the nurse and her supervisor to be one of three major areas of tension in nurses. The nurses pointed out that "real" nursing was considered bedside care and that their instructors emphasized individualized patient care. In the work situation, the nurse was actually required to perform four major types of duties: technical, administrative, organizational and educative. Consequently, there was a sharp discontinuity between the job the nurse expected to perform and the actualities of the work.

Kramer (1974) developed the concept of "reality shock" to describe the feelings of conflict and dissatisfaction which are felt by the new graduate when he or she is faced with the bureaucracy of the hospital. The recent graduate has often been expected to "take charge" of a nursing station, especially in a small hospital where few registered nurses are available. Yet nursing education has rarely prepared this person for that kind of responsibility. These discrepancies have been cited as reasons for the job dissatisfaction that, according to a study conducted by Kramer (1974), caused more than 28 percent of nurses to quit the profession within two years after graduation. Lack of sufficient leadership preparation has resulted in frustration and discontentment with leadership activities by nurses and disillusionment by employers whose expectations have not yet been met. Kron (1981) has written that hospital and nursing service adminstrators may have asked nurses to function beyond the level of their present capabilities and thus may have been responsible for the exodus of many nurses from their field. She concluded that nursing service administrators and educators should resolve the difference between education and on-job expectations.

Curriculum Deficiencies

Identified curriculum deficiencies with respect to the development of management and leadership competencies have paralleled role conflict. Nouri and Rainville (1972) reported that a review of nursing curricula revealed a lack of courses in principles of supervision, human relations, motivation, leadership, and principles of management. Walker and Hawkins (1965) have written of their concern with the placement of management skills in the nursing curriculum. They have contended that nursing curriculums have failed to develop in the nurse an awareness of and ability to apply social science knowledge when management of groups are involved.

A study by Hagen and Wolif (1961), pointed out the following deficiencies in nurses: (1) the ability to participate in policy development, (2) the ability to make sound administrative decisions, (3) the ability to set goals and formulate long-range plans, and (4) the ability to develop and maintain positive morale in the group.

Kohnke (1973), reported that deans of baccalaureate nursing programs randomly selected from schools of nursing in the Mid-Atlantic and Northeastern states agreed with the principle of a leadership role for the professional nurse, but noted little evidence of preparation for leadership roles in the curriculum. McBride (1972), contended that most nurses are educated to give care rather than to lead. She concluded that nursing education programs emphasized learning how to give patient care, but largely ignored the development of skills needed to influence organizational goals. Hours of classroom time were devoted to nursing care plans, but no mention was made of the study of organizational design and its effect on service and innovation.

Authorities (e.g., Stevens, 1978; Ganong and Ganong, 1978; and Douglass and Devis, 1979), have agreed that there is a need for management knowledge and expertise in nursing and that this need must be met through a formal preparation process that is integral to the nursing curriculum. Stevens (1978), has emphasized that knowledge of management principles cannot be assumed; it must be acquired through diligent and formal education in the same way that knowledge of biology and anatomy are acquired in a nursing course of study. Douglass and Bevis (1974), have stated that the education of nurses has traditionally emphasized the study of knowledge and skills of nursing care and assumed that the graduate could function in management and leadership roles with minimum preparation.

This preparation was expected to be provided by the employer, who in turn, anticipated that the graduate would be able to function in a leadership capacity from the first day of employment with only brief orientation to agency routine and policy. Consequently, Kron (1981), has contended that fewer nurses are being prepared to assume managerial responsibilities, yet more nurses are being employed in positions that require the application of these concepts.

Objectives of the Study

Based on the problem that no definitive statement of leadership/management competencies needed by neophyte nurses had been published in the literature, this study was undertaken with five major objectives:

1. To identify the leadership/management competencies which are essential for effective performance of the neophyte nurse.

2. To determine whether nurse educators, nursing service administrators, and neophyte nurses are in agreement on the leadership competencies prepared pursuant to Objective 1.

3. To determine if neophyte nurses perceive that their basic educational preparation has adequately prepared them with the leadership/managment skills needed for effective nursing performance.

4. To determine if neophyte nurses perceive that their employing institutions have adequately assisted them in acquiring and/or developing the leadership/management skills required in their jobs.

5. To evaluate the completeness of the list of leadership/management competencies developed by the investigator.

The Design

To attain the objectives of the study, a data collecting instrument was prepared which consisted of a list of 84 leadership/management competencies, based on a review of the pertinent literature and on evaluations by a panel of experts and a pilot study group. These competencies

were divided into the following five categories which are considered the basic management functions as described by Koontz and O'Donnell (1968), and Marriner (1980): Planning (14 items), Organizing (11 items), Staffing (8 items), Directing (34 items), and Controlling (17 items).

Three populations were identified for use in the study: neophyte nurses who had graduated from North Carolina institutions with a Bachelor of Science in Nursing during the past academic year, baccalaureate nurse educators who were members of faculties of schools of nursing in North Carolina, and directors of nursing who were employed in North Carolina hospitals. A 36 percent stratified random sample was drawn from each population, with nurses and nursing educators stratified according to the size of the institution. There were 11 baccalaureate nursing programs in N. C. at the time of the study. The sample consisted of 160 nurses, 102 educators, and 62 administrators.

The 84 items were incorporated in a mail-out questionnaire which had provisions for each item to be rated on a five-point scale. The scale was

5 - Absolutely essential for effective performance

4 - Usually necessary, but not absolutely essential for effective performance

3 - Sometimes needed for effective performance

2 - Rarely needed for effective performance

1 - Not needed for effective performance

Usable responses were received from 105 nurses (65.6%), 75 educators (73.5%), and 49 (79.0%) administrators.

The study was designed as a nested factorial, with the sample of subjects from the three populations of nursing personnel nested within each of three levels of Groups. Each subject assigned a score to each of the 84 competency items, which were then divided into five categories. Within each category (e.g., planning), the scores assigned to each item were treated as repeated measures on the subject in the manner described by Edwards (1950, pp. 288ff).

The hypotheses to be tested for each category were:

1. There are no Group effects; that is, the three means are equal. Thus, $\mu_1 = \mu_2 = \mu_3$, where μ_1 represents the true mean of the population of neophyte nurses, μ_2 represents the true mean of the population of nursing educators, and μ_3 represents the true mean of the population of nursing administrators.

2. There are no Item effects; that is, the n item means averaged over the three population of groups are equal.

3. There is no Group by Item interaction.

The test statistic was the "F" statistic, and the critical region for the test of the hypothesis was the theoretical value of $F_{.95}$ (the alpha level of .05 was chosen) with specified degrees of freedom.

In addition to testing the hypotheses that there is no Group effect, averaged over the n items in each category, there was interest in testing the hypothesis that there are no Group effects for each of the 84 items. Therefore, 84 hypotheses were tested, one for each Item.

The Analysis and Findings

The 84 items are listed in Table 1 in descending overall rank order. Table 1 also shows the category in which each competency was classified--Planning (P), Organizing (O), Staffing (S), Directing (D), and Controlling (C); the means of each competency item for each of the three groups of respondents--neophyte nurses, educators, and administrators; and the results of the test of the hypothesis that $\mu_1 = \mu_2 = \mu_3$. The test statistic was the F statistic and critical region was $F > 3.04$, the theoretical value of $F_{.95}$ with 2,200 degrees of freedom. The number of subjects responding to each item varied, but since at least 203 subjects responded to each item, it was decided to set the critical region for all items at the theoretical value of F with 200 degrees of freedom for

the error mean square. The observed values of F are shown in Table 1, and the F value is marked with an asterisk for those items for which the hypothesis was rejected.

The contrast between means within the analysis of variance was tested using the Duncan New Multiple Range procedure. This test was made with a critical region at the 10 percent level of significance.

The following findings were noted with regard to the data in Table 1:

1. Most of the competencies were accepted as very important by the three groups of nurses. The overall means of 22 of the 84 competencies scored 4.5 or higher, the overall means of 64 competencies scored 4.0 or higher, only six competencies were scored less than 3.5, and two scored less than 3.0.

2. The three groups of nurses were in substantial agreement with regard to the scores assigned to the competencies. The hypothesis that the three means were equal was rejected for only 25 of the 84 competencies.

3. Where the New Duncan Multiple Range test detected and assigned differences within the analysis of variance, no pattern of high assignment or low assignment among the three groups could be determined.

A further study of the difference between means when the items were divided into the five categories revealed that only o the Planning items did the three groups differ significantly. Neophyte nurses scored the Planning competencies lower than the other two groups. An analysis of rank was performed using the Kruskal-Wallis one-way analysis of variance by ranks to ascertain whether the mean ranks differed among the five categories. The average ranks differed significantly. The categories were listed from highest to lowest as follows: Staffing, Controlling, Planning, Directing, and Organizing.

Table 1. List of 84 Items Ranked According to Overall Mean and Showing Results of Test and Hypotheses (Critical Region: F > 3.04) and Difference Between Means in the Analysis of Variance

Rank	No.	Category	Item	Mean Overall	Means of Sub-groups: Nurses	Educators	Administrators	F	Multiple Range
1	69	C	Adheres to legal and ethical standards in the practice of professional nursing.	4.87	4.83	4.93	4.85	1.34	N=E=A
2	42	D	Shows consideration and courtesy to all co-workers.	4.77	4.82	4.76	4.69	0.99	N=E=A
3	41	D	Establishes trust relationships with followers, peers, and superiors.	4.76	4.79	4.69	4.78	0.92	N=E=A
4	46	D	Compiles the data collected from staff members and gives an accurate report to the oncoming shift.	4.73	4.72	4.73	4.76	0.05	N=E=A
5	79	C	Evaluates one's own performance based on professional standards.	4.69	4.75	4.72	4.51	2.94	A<(N=E)
6	5	P	Collects appropriate data through interview, examination, observation, and reading the chart for the development of a plan of care.	4.68	4.60	4.83	4.63	*3.53	(N=A)<E

[a]The key to the interpretation of the Multiple Range tests is:

N=E=A -- The three means were equal.

N<E<A or similar combinations -- The first mean was significantly less than the second mean, and the second mean was significantly less than the third mean.

N<(E=A) or similar combinations -- The first mean was significantly less than the other two means, which were equal.

(N=E)<A or similar combinations -- The first two means were equal, but both were significantly lower than the third mean.

N<E or similar combinations -- The first mean was significantly lower than the second mean, but there was no difference between the third mean and either of the two other means shown in the Table.

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Table 1 (continued)

Rank	No.	Category	Item	Mean Overall	Means of Sub-groups: Nurses	Educators	Administrators	F	Multiple Range
7.5	47	D	Communicates and records assessments, nursing care plans, interventions, and evaluations accurately and promptly.	4.67	4.56	4.79	4.71	*3.66	N<E
7.5	68	C	Knows the legal aspects of nursing according to the state's Nurse Practice Act.	4.67	4.63	4.76	4.60	1.025	N=E=A
9	44	D	Delegates responsibilities according to the abilities of the workers and the needs of the patient.	4.64	4.79	4.48	4.55	*4.72	(E=A)<N
11	2	P	Develops patient care plans in accordance with identified needs, problems, and goals.	4.61	4.39	4.83	4.74	*13.428	N<(E=A)
11	26	S	Develops patient care assignments which indicate priorities based on the needs of the patients and the availability, qualifications, and capabilities of nursing personnel.	4.61	4.69	4.51	4.57	1.312	N=E=A
11	81	C	Pursues continuous personal professional growth through a variety of learning activities.	4.61	4.62	4.67	4.49	1.02	N=E=A

Table 1 (Continued)

Rank	No.	Category	Item	Mean Overall	Means of Sub-groups			F	Multiple Range
					Nurses	Educators	Administrators		
13.5	1	P	Identifies the individual bio-psycho-social needs of a group of patients.	4.59	4.57	4.77	4.35	*6.261	A<N<E
13.5	17	O	Uses lines of authority and communication within the work setting.	4.59	4.51	4.60	4.71	1.695	N<A
15	4	P	Uses interviewing skills effectively as a method of data collection.	4.58	4.49	4.79	4.42	*9.09	(N=A)<E
16.5	3	P	Seeks cooperation from co-workers when planning patient care.	4.56	4.56	4.53	4.59	0.14	N=E=A
16.5	28	S	Assesses the performance level of staff members before making out staff assignments.	4.56	4.66	4.48	4.49	1.37	N=E=A
18.5	29	S	Makes clear and complete work assignments.	4.55	4.63	4.50	4.47	0.86	N=E=A
18.5	84	C	Seeks information and learning resources to eliminate identified weaknesses in one's performance.	4.55	4.51	4.61	4.52	0.53	N=E=A
20	33	S	Holds staff who are under your supervision, accountable for functioning at the level of their job description.	4.54	4.66	4.39	4.50	2.264	E<N

Table 1 (Continued)

Rank	No.	Category	Item	Mean Overall	Means of Sub-groups			F	Multiple Range
					Nurses	Educators	Administrators		
21	54	D	Utilizes assertive behavior appropriately to act in the best interest of self, patients, families, and health team members.	4.52	4.68	4.47	4.27	*5.95	(E=A)<N
22	80	C	Utilizes feedback from others in modifying one's behavior	4.50	4.57	4.52	4.35	1.44	N=E=A
23	53	D	Assumes the role of patient advocate when indicated.	4.49	4.61	4.57	4.11	*7.603	A<(N-E)
24.5	45	D	Demonstrates the verbal skills necessary to present information and ideas essential to supervisory duties.	4.47	4.53	4.41	4.43	0.74	N=E=A
24.5	56	D	Interprets the needs and problems of patients to staff members.	4.47	4.48	4.38	4.61	1.37	N=E=A
26.5	27	S	Applies knowledge of the legal aspects of nursing when developing staff assignments.	4.46	4.41	4.49	4.51	0.29	N=E=A
26.5	57	D	Assists the nursing team in planning solutions to nursing and/or patient problems.	4.46	4.39	4.49	4.59	1.48	N=E=A

Table I (Continued)

Rank	No.	Category	Item	Mean Overall	Means of Sub-groups			F	Multiple Range
					Nurses	Educators	Administrators		
28	16	O	Knows the institutions's policies, regulations, and procedures related to Nursing Service.	4.44	4.35	4.40	4.71	*3.92	(N=E)<A
30	7	P	Utilizes decision-making theory when attempting to assess a situation.	4.40	4.32	4.47	4.44	0.94	N=E=A
30	8	P	Makes decisions of high quality in shortest possible time.	4.40	4.49	4.32	4.30	1.41	N=E=A
30	43	D	Supervises auxiliary nursing personnel effectively.	4.40	4.48	4.32	4.35	0.94	N=E=A
32.5	48	D	Communicates patients' needs through the appropriate use of referrals.	4.39	4.33	4.55	4.29	2.02	N=E=A
32.5	76	C	Evaluates the work of team members and others for whom you assume responsibility.	4.39	4.44	4.29	4.45	0.86	N=E=A
34	75	C	Determines inadequacies noted in the quality of patient care administered on a patient unit.	4.38	4.38	4.33	4.46	0.38	N=E=A
36	9	P	Evaluates the effectiveness of priorities set by self and/or nursing team members.	4.37	4.31	4.45	4.38	0.92	N=E=A

Table I (Continued)

Rank	No.	Category	Item	Mean Overall	Means of Sub-groups			F	Multiple Range
					Nurses	Educators	Administrators		
36	31	S	Clarifies patient care responsibilities with each staff member for whom you are responsible after the nursing report.	4.37	4.35	4.32	4.50	0.75	N=E=A
36	67	D	Serves as a professional role model for peers, students, and other health team personnel.	4.37	4.47	4.23	4.39	1.84	E<N
38	83	C	Strives to remain up to date on current nursing issues.	4.37	4.38	4.37	4.35	0.02	N=E=A
39	78	C	Elicits feedback from followers, peers, and superiors as a means to assess one's own behavior and effect on other people.	4.36	4.49	4.39	4.04	*4.75	A< (N=E)
40	30	S	Classifies patients according to the degree of illness and type of nursing care required for assignment purposes and census reports.	4.31	4.46	4.12	4.29	*3.93	E<N
41	55	D	Utilizes communication theories and techniques as a basis for effective leadership.	4.30	4.32	4.26	4.35	0.19	N=E=A
42	32	S	Re-evaluates assignments during the shift so that revisions can be made based on the changes that have occurred on the unit that require adjustments in the assignment.	4.28	4.25	4.32	4.27	0.14	N=E=A

Table 1 (Continued)

Rank	No.	Category	Item	Mean Overall	Means of Sub-groups			F	Multiple Range
					Nurses	Educators	Administrators		
44	60	D	Demonstrates tolerance and patience in attempting to bring about change.	4.27	4.29	4.19	4.35	0.47	N=E=A
44	73	C	Utilizes observation skills to evaluate completion of assignments as well as a method for determining skills of team members.	4.27	4.22	4.24	4.39	0.69	N=E=A
44	77	C	Employs well-developed observational skills in assessing the behavior of others.	4.27	4.30	4.36	4.06	2.00	N=E=A
46	38	D	Adapts leadership behaviors to the demands of the situation.	4.26	4.48	4.09	4.04	*5.85	(E=A)<N
47	21	O	Recognizes policies and nursing protocols that may impede patient care of employee welfare.	4.25	4.31	4.18	4.27	0.66	N=E=A
48	64	D	Provides support and guidance to new personnel during and/or after orientation.	4.20	4.56	3.70	4.21	*17.081	E<A<N
49.5	6	P	Develops a teaching plan to instruct patients and their families in rehabilitation techniques, health maintenance, and/or illness prevention.	4.19	4.00	4.47	4.23	*8.56	N<A<E

Table 1 (Continued)

Rank	No.	Category	Item	Mean Overall	Means of Sub-groups			F	Multiple Range
					Nurses	Educators	Administrators		
49.5	58	D	Motivates others through a sensitivity to their needs and goals.	4.19	4.26	4.07	4.27	1.49	N=E=A
51	50	D	Selects appropriate strategies for dealing with conflict situations and in handling grievances.	4.14	4.40	3.97	3.86	*8.45	(E=A)<N
52	25	O	Selects appropriate strategies for getting messages through the communication network within the organization.	4.12	4.13	4.11	4.14	0.02	N=E=A
53.5	71	C	Communicates deficiencies and/or problems in staff performance to the appropriate individual.	4.10	4.14	4.04	4.10	0.26	N=E=A
53.5	74	C	Utilizes nursing rounds as a supervision technique for assessing conditions of patients, evaluation of patient care, completion of nursing treatments, and/or to assist staff members requiring help.	4.10	4.13	4.01	4.14	0.37	N=E=A
55	10	P	Makes decisions which have the support of followers in the implementation process.	4.09	4.06	3.99	4.35	2.99	(N=A)<E
56	51	D	Effectively initiates a confrontation when necessary.	4.08	4.29	3.95	3.85	*4.68	(E=A)<N

Table 1 (Continued)

Rank	No.	Category	Item	Mean Overall	Means of Sub-groups			F	Multiple Range
					Nurses	Educators	Administrators		
57	11	P	Participates in unit patient care planning conferences.	4.07	3.70	4.33	4.46	*20.56	N<(A=E)
58	66	D	Supports learning needs of students in cooperation with other nurses, faculty, and clinical instructors.	4.06	4.27	3.82	3.98	*5.63	(E=A)<N
59	61	D	Takes the initiative to be a change agent when appropriate.	4.05	4.16	3.99	3.94	1.29	N=E=A
60	52	D	Displays ability to mediate and resolve human conflicts.	4.04	4.19	3.85	4.00	*3.40	E<N
61	22	O	Works within the organizational framework to initiate change when deficiencies in policies and protocols are identified.	4.03	4.07	3.97	4.04	0.19	N=E=A
62	35	D	Demonstrates a leadership role through clinical practice, supervision, teaching, and/or research.	4.02	4.13	3.81	4.08	2.33	E<N
63.5	49	D	Utilizes intradisciplinary consultations and collaboration to facilitate the planned care strategies for patients and families.	4.00	4.06	4.03	3.82	1.16	N=E=A

Table 1 (Continued)

Rank	No.	Category	Item	Mean Overall	Means of Sub-groups			F	Multiple Range
					Nurses	Educators	Administrators		
63.5	59	D	Interprets hospital policy to staff, patients, and/or families.	4.00	3.93	3.97	4.20	1.45	N=E=A
65	14	P	Assists in the development and/or revision of nursing tools (e.g., patient care plans, nurses' notes, kardex, etc.)	3.97	4.00	3.80	4.17	2.06	E<A
66	40	D	Intervenes effectively in group situations by suggesting strategies for progress toward established goals.	3.90	4.02	3.77	3.83	1.89	E<N
67.5	34	D	Selects the appropriate theory or principles relevant to leading others in providing health care.	3.88	3.89	3.78	4.02	0.89	N=E=A
67.5	39	D	Effectively leads work group utilizing knowledge of group dynamics.	3.88	3.93	3.85	3.79	0.44	N=E=A
69	13	P	Conducts nursing rounds as a tool for planning patient care.	3.82	3.72	3.74	4.14	*3.23	(N=E)<A
70	37	D	Employs effective strategies for dealing with the complexity of power and authority relationships in the health care setting.	3.81	4.13	3.55	3.52	*10.02	(E=A)<N

Table 1 (Continued)

Rank	No.	Category	Item	Mean Overall	Means of Sub-groups			F	Multiple Range
					Nurses	Educators	Administrators		
71	36	D	Recognizes his/her dominant leadership style and has a repertoire of effective back-up styles.	3.80	3.96	3.64	3.73	2.48	E<N
72	15	O	Knows the functions of all departments within the institution or agency.	3.79	3.86	3.59	3.96	2.33	E<(N=A)
73	82	C	Participates in professional organizations.	3.64	3.48	3.91	3.57	*3.44	(N=A)<E
74	24	O	Assists in the development and/or implementation of innovative methods for unit organization.	3.63	3.75	3.32	3.86	*5.90	E<(N=A)
75	18	O	Seeks opportunities to assist with the improvement of the agency or institution in which one works.	3.62	3.77	3.33	3.74	*4.92	E<(N=A)
76	23	O	Analyzes the philosophy, objectives, and functions of the health care facility in which one works in order to be knowledgeable about the system.	3.59	3.50	3.65	3.69	0.60	N=E=A
77	12	P	Conducts unit patient care planning conferences.	3.53	3.31	3.59	3.93	*7.76	N<E<A

Table 1 (Continued)

Rank	No.	Category	Item	Mean Overall	Means of Sub-groups			F	Multiple Range
					Nurses	Educators	Administrators		
78	65	D	Acts as a preceptor for a new staff.	3.51	3.95	2.95	3.43	*14.52	E<A<N
79	72	C	Identifies educational needs of personnel on the unit.	3.46	3.70	3.03	3.60	*9.57	E<(N=A)
80	70	C	Assists in performance evaluations of staff.	3.45	3.55	3.21	3.60	2.43	E<(N=A)
81	19	O	Participates actively in policy development within the institution of agency.	3.16	3.29	2.93	3.25	2.67	E<N
82	20	O	Participates on committees as a nursing representative.	3.14	3.27	2.85	3.33	*4.43	E<(N=A)
83	63	D	Implements cost-containment plans.	2.98	2.96	2.82	3.25	1.77	E<A
84	62	D	Particpates in budget planning.	2.61	2.64	2.43	2.84	1.72	E<A

The data in Table 2 was obtained to determine the adequacy of basic educational preparation in leadership and management skills and to determine if employer assistance is adequate in assisting the neophyte to develop or acquire these skills. The hypothesis tested was that the proportion of nurses who responded that their education or employer assistance was adequate did not differ from an expected proportion of 1. The test statistic was the z statistic and the critical region was $z_{.95}$.

Table 2. Adequacy of Basic Educational Preparation and Employer Assistance in Developing Leadership and Management Skills for Neophyte Nurses

	Adequate		Inadequate		Total	
	No.	Percent	No.	Percent	No.	Percent
Basic Preparation	68	65.4	36	34.6	104	100.0
Employer Assistance	64	62.1	39	37.9	103	100.0

From the data in Table 2, the computation of z was $z = 7.21$ for basic educational preparation and $z = 7.72$ for employer assistance. Therefore, both hypotheses were rejected. It was concluded that the basic educational preparation of nurses in leadership and management skills was not adequate and that the employing institution's assistance in helping neophytes to develop and/or acquire these skills was not adequate.

Table 3 indicates the number and percent of the subjects in the three groups that indicated that the competency list developed by the investigator was complete.

Table 3. Number and Percent of Subjects in Each of Three Groups Who Indicated that the List of Competencies was Complete

Group	Total Number	Indicate List was Complete - Number	Percent
Nurses	101	96	95.05
Educators	71	68	95.77
Administrators	45	43	95.56
Totals	217	207	95.39

It was decided that the list of leadership/management competencies would be judged to be complete if a minimum of 90 percent of the subjects in each group indicated that the list was complete and offered no additional competencies. The results indicated the list to be complete.

Conclusions

Based on the findings presented, the following conclusions were drawn:

1. Leadership/management competencies are essential for effective nursing performance. Support for this conclusin was drawn from the relatively high scores assigned to the 84 competencies studied, and to the relatively high agreement among the three groups of nursing personnel.

2. Educational institutions preparing nurses have performed moderately well in developing leadership/management competencies, but improvement is still needed. This is indicated by a significantly large proportion of nurses who rated their basic educational preparation inadequate in preparing them with leadership/management skills needed for effective performance.

3. Employing institutions have likewise performed moderately well in assisting the nurse to acquire or develop leadership/management competencies; but, likewise, improvment is needed as indicated by a significantly large proportion of nurses who indicated that they were not given adequate assistance in developing these competencies.

4. The list of competencies prepared for and included in this study is complete.

5. Neophyte nurses scored the planning competencies relatively low, indicating that attention to this area is especially needed.

6. Nursing as a profession has leadership and management components which merit the attention of not only the nursing profession but the health care consumer which nursing serves.

Implications

Leadership and management skills are critical components of the role of the nurse. It is essential that nurse educators prepare the baccalaureate nurse graduate with these skills. Nursing administrators must also foster the development and acquisition of leadership/management competencies needed by neophyte nurses.

Although the literature indicates a gap between nursing service expectations and nursing education expectations, the findings of this study indicate a relatively high agreement among nurse educators, nurse administrators, and neophyte nurses as to the importance of leadership/management competencies. The findings did indicate that neophyte nurses rated the planning competencies lower than the other two groups. This suggests that nurse educators need to strengthen this aspect of the curriculum and that nurse administrators need to reinforce these behaviors and perhaps allow more time for planning in the work setting. The staffing category was the highest ranked of all the categories. This indicates that the study samples are acutely aware and concerned that the health care consumer be provided with competent practitioners who can provide quality care.

Recommendations

Nursing educators need to reevaluate the educational curriculum in order to more effectively correlate the preparation of beginning nurse practitioners with the expectations of nursing administrators. Baccalaureate nursing programs should scrutinize their curriculums to ensure that

adequate leadership and management content is being provided for the student. The competencies related to planning should be strengthened and, possibly, reinterpreted since neophytes seem to have an inadequate conception of this area. Institutions employing nursing personnel should foster the development and acquisition of leadership/management competencies through inservice education programs and adequate supervision.

Suggestions for Further Study

1. The study should be replicated in a sample of states to determine whether the findings are consistent in different geographic locations.

2. A study should be conducted to compare the need for leadership and management competencies of nurses with varying levels of educational preparation, i.e., baccalaureate degree nurses, associate degree nurses, and diploma nurses.

3. A content analysis should be conducted of the curriculum of several baccalaureate nursing programs to ascertain whether the competencies are being provided for.

4. A developmental project should be conducted to produce a leadership/management course for nursing students, based on the competencies identified in this study.

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